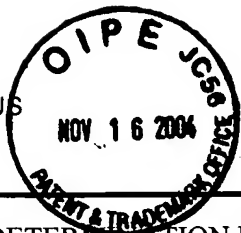


Express Mail No.: EV 373446300 US
 Date Deposited: 11/16/2004



Approved for use through 10/31/2002. OMB 0651-0032
 U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD						Application or Docket Number 8404.003	
CLAIMS AS FILED - PART I						SMALL ENTITY OR OTHER THAN SMALL ENTITY	
(Column 1)		(Column 2)					
FOR	NUMBER FILED	NUMBER EXTRA		RATE	FEE	RATE	FEE
BASIC FEE (37 CFR 1.16(a))					\$ 0		\$ 0
TOTAL CLAIMS (37 CFR 1.16(c))	11	minus 20 =	*	0		x \$ 18 =	0
INDEPENDENT CLAIMS (37 CFR 1.16(b))	2	minus 3 =	*	0		x \$ 86 =	0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				0		+ 280 =	0
				TOTAL	0	TOTAL 0	
* If the difference in column 1 is less than zero, enter "0" in column 2							
CLAIMS AS AMENDED - PART II						SMALL ENTITY OR OTHER THAN SMALL ENTITY	
(Column 1)		(Column 2)		(Column 3)			
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI-TIONAL FEE
	Total (37 CFR 1.16(c))	* 12	Minus	** 20	= 0	x \$ 9 =	0
	Independent (37 CFR 1.16(b))	* 2	Minus	*** 3	= 0	x 43 =	0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 140 =	0
						TOTAL	0
(Column 1)		(Column 2)		(Column 3)		ADDIT. FEE	
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI-TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ 9 =	0
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x 43 =	0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 140 =	0
						TOTAL	0
(Column 1)		(Column 2)		(Column 3)		ADDIT. FEE	
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI-TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ 9 =	0
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x 43 =	0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 140 =	0
						TOTAL	0
(Column 1)		(Column 2)		(Column 3)		ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SEND TO: Mail Stop - Fee Amendment
 Commissioner For Patents, PO Box 1450
 Alexandria, VA 22313-1450